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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

18070 USA

First Named Inventor

Larry N. Shue

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Invert Arm Assembly for Glassware Forming Machine

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**


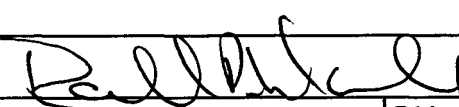

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				27081		OR <input type="checkbox"/> Correspondence address below	
Name							
Address							
City				State		ZIP	
Country			Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Larry N.				Family Name or Surname Shue			
Inventor's Signature <i>Larry N. Shue</i>						Date 6/25/03	
Residence: City Woodville		State OH		Country USA		Citizenship USA	
Mailing Address 510 North Street							
City Woodville		State OH		ZIP 43469		Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Paul B.				Family Name or Surname Mohr			
Inventor's Signature <i>Paul B. Mohr</i>						Date 6-25-03	
Residence: City Waterville		State OH		Country USA		Citizenship USA	
Mailing Address 1114 Michigan Avenue							
City Waterville		State OH		ZIP 43566		Country USA	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 3 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

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DECLARATION**ADDITIONAL INVENTOR(S)****Suppl mental Sheet**Page 1 of 3

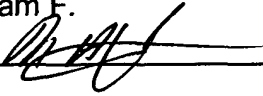
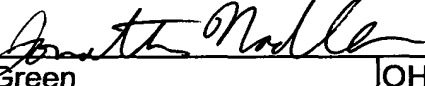
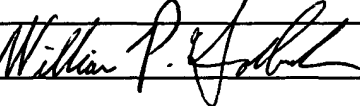
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
David D. Given Name		Soley Family Name or Surname	
Inventor's Signature 		Date 6-25-03	
Toledo Residence: City	OH State	USA Country	USA Citizenship
5103 Bennett Road Mailing Address			
Mailing Address			
City Toledo	OH State	43612 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Ronald P. Given Name		Warnecke Family Name or Surname	
Inventor's Signature 		Date 6/26/03	
Monclova Residence: City	OH State	USA Country	USA Citizenship
10060 Monclova Road Mailing Address			
Mailing Address			
City Monclova	OH State	43542 ZIP	USA Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Thomas R. Given Name		Kirkman Family Name or Surname	
Inventor's Signature 		Date 6-25-03	
Perrysburg Residence: City	OH State	USA Country	USA Citizenship
1872 Fremont Pike Mailing Address			
Mailing Address			
City Perrysburg	OH State	43551 ZIP	USA Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 3

Nam of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name William F. 		Family Name or Surname Mazur	
Inventor's Signature		Date 6-25-03	
Waterville Residence: City	OH State	USA Country	USA Citizenship
921 Farnsworth Road Mailing Address			
Mailing Address			
City Waterville	OH State	43566 ZIP	USA Country
Nam of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Jonathan R. Jonathan IN 6-25-03		Family Name or Surname Nadler	
Inventor's Signature 		Date 6-25-03	
Bowling Green Residence: City	OH State	USA Country	USA Citizenship
Apartment Q-3 Mailing Address			
1082 Fairview Avenue Mailing Address			
City Bowling Green	OH State	43402 ZIP	USA Country
Nam of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name W. Patrick		Family Name or Surname Holbrook	
Inventor's Signature 		Date 6/25/03	
Elmore Residence: City	OH State	USA Country	USA Citizenship
16200 Smith Road Mailing Address			
Mailing Address			
City Elmore	OH State	43416 ZIP	USA Country


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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name D. Wayne		Family Name or Surname Leidy	
Inventor's Signature 		Date 6/25/03	
Residence: City Perrysburg	State OH	Country USA	Citizenship USA
Mailing Address 9921 Parliament Place			
Mailing Address			
City Perrysburg	State OH	ZIP 43551	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Larry N. Shue
Title Invert Arm Assembly for Glassware Forming	
Art Unit	Machine
Examiner Name	
Attorney Docket Number	18070 USA

I hereby appoint:

☐ Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
Principal Attorneys:	
Nirav D. Parikh	46,394
H. G. Bruss	24,389
Associate Attorney: R. C. Collins	27,430

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Individual Name

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Larry N. Shue

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 9 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Title	Invert Arm Assembly for Glassware Forming Machine
Art Unit	
Examiner Name	
Attorney Docket Number	18070 USA

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Paul B. Mohr

Signature *Paul B. Mohr*

Date 6/25/03

Telephone 419-878-2430

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Art Unit	Machine
Examiner Name	
Attorney Docket Number	18070 USA

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Country			
Telephone	Fax		

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	David D. Solev		
Signature			
Date	6/25/03	Telephone	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name Ronald P. WarneckeSignature Ronald P. WarneckeDate 6/26/03

Telephone

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Examiner Name	
Attorney Docket Number	18070 USA

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☒ Practitioner(s) named below:

Name	Registration Number
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name Thomas R. KirkmanSignature Thomas R. KirkmanDate 6-25-03

Telephone

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Art Unit	Machine
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Attorney Docket Number	18070 USA

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name William F. Mazur

Signature *William F. Mazur*

Date 2.25.03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Art Unit	Machine
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Jonathan R. Nadler

Signature Jonathan R. Nadler

Date 6-25-03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 9 forms are submitted.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Larry N. Shue
Title Invert Arm Assembly for Glassware Forming	
Art Unit	Machine
Examiner Name	
Attorney Docket Number	18070 USA

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Principal Attorneys:	
Nirav D. Parikh	46,394
H. G. Bruss	24,389
Associate Attorney: R. C. Collins	27,430

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	W. Patrick Holbrook
Signature	<i>W. Patrick Holbrook</i>
Date	6/25/03

Telephone

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SIGNATURE of Applicant or Assignee of Record

Name D. Wayne Leidy

Signature

Date

6/25/03

Telephone

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